The Physician's Point of View on Regional Organization of Hospitals

JOHN W. CLINE, M.D., *San Francisco*

IT was with reluctance that I accepted the invitation to speak to you today concerning the attitude of the medical profession toward the planning of regional organization of hospital services. As far as I am aware approval of a definite plan for this purpose has not been made by the American Medical Association or any state medical association with one possible exception. Approval may have been granted to local plans by local societies but if so I am not cognizant of it.

The matter has not been widely discussed in state associations or in the American Medical Association. My opinions must therefore be based upon a wide acquaintanceship with physicians in all parts of the country and a knowledge of their reactions. Long contact with local, state, and national organizations furnishes a basis of estimating the opinion of these bodies.

It seems likely that my remarks will not be pleasing to some of you. From an analysis of the information at my disposal concerning regional organization it appears that there are in reality three phases to such plans. These involve the functions limited to hospitals themselves, staff functions, and an intermediate area where one impinges upon the other.

The medical profession has a right to expect that hospitals exercise the functions peculiar to them in such a manner that the hospital will be efficiently and properly operated. Only in this way can the physician be assured of a satisfactory place in which to care for his patients who require hospitalization. The methods and details concerned with the achievement of this end are outside the province of the physician.

It is recognized that the governing authority of the hospital is in most instances responsible for the appointment of the staff and the administrative personnel of the institution. After the staff has been created it must be autonomous in exercise of its functions. It must not be interfered with by either the governing body or the administration, provided it performs its duties in a way which fulfills the requirements of competency and ethics.

The intermediate area in which hospital and staff functions overlap is the most fruitful source of conflict and misunderstanding. Certain facilities have grown up about hospitals which involve the activities of medical personnel and the practice of medicine. Hospitals tend to look upon these as lying in the legitimate sphere of hospital activity. The medical profession tends to look upon them as an invasion of the practice of medicine. In certain instances this is clearly the case and in many states some of these activities certainly constitute a violation of the law.

In the majority of instances a reasonable adjustment between physician and hospital exists but neither party is entirely satisfied. There are practical problems which stand in the way of a satisfactory solution. Time, patience, and a mutual desire to cooperate on a reasonable basis are required of both parties if an agreeable arrangement is to be achieved. An arbitrary and uncompromising approach by either will delay or even jeopardize a proper solution.

The physician has a natural concern about all matters affecting hospitals because these necessarily involve his interests and those of his patients. He will, therefore, carefully scrutinize any program designed to change the status of hospitals. He will be on the alert for signs of an increased tendency to infringe upon his field and for any move to limit the freedom of hospitals or the profession.

As I understand the regional organization plans proposed they envision the division of hospital facilities into four groups.

1. The hub of the plan is a teaching center, consisting of a medical school and a hospital of two hundred or more beds. It would have all the facilities usually found in a medical school and a teaching hospital.
2. The intermediate or regional hospital of one hundred to two hundred beds. It would be organized with services staffed by recognized specialists but would lack research and certain teaching facilities.
3. Rural hospitals of fifty to one hundred beds equipped to care for ordinary illness.
4. Community health and medical care centers with offices for physicians and a few beds for minor illness, emergencies and "normal obstetrical cases."

It is contemplated to organize these institutions into an integrated plan which would assign certain functions and duties to each and limit them in some degree in their scopes of activity.

There is no positive statement as to who would construct the new institutions which would be necessary to such a program. There is a suggestion that finances would be derived from tax sources. The assumption is that local, state, and federal funds would be used. There are statements that existing facilities would join together under the plan on a voluntary basis. The mechanism of control of new and old facilities is not entirely clear.

It has been stated that hospitals in this country have developed on the basis of community wealth or individual benefaction rather than in response to population need. There is some truth in this statement but it does not present an accurate picture of the hospital situation in California. The present distribution of hospital beds does not reflect current needs, but one must take into account the fact that construction during the war years was almost impossible and is still expensive and difficult.

There is at present, and for many years there has been, an informal relationship between physicians, and, in some instances, between physicians and hos-

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pitals, resulting in a degree of differentiation of the types of cases treated in the facilities of local communities. There has been a tendency for doctors in rural areas, small centers of population, and even sizable cities to refer patients who were gravely ill or had complicated problems to more skillful colleagues working in better equipped institutions. This practice is not uniform and is influenced by the attitudes of the patients and the physicians. It is often determined by the competency of the local doctor and the adequacy of existing facilities.

At this point it would be well to inquire what is to be gained by a program of regional organization. It is also pertinent to ask what disadvantages it might have and how feasible it is of attainment.

The advantages claimed for it are:

1. It would "decentralize or spread out from the largest cities into the remotest hamlet all the benefits modern medicine has to offer."

2. "Small hospitals can benefit by being able to look toward the larger district hospitals for consultation service, and when necessary, can refer patients to it. Patients might even be transferred directly to the base hospital if the particular case so indicated."

3. It would bring about "the flow of professional personnel and special services from the large hospital to the small one" and "the flow of patients, specimens and records from the small to the large institutions."

4. Consultations by specialists in medical fields and advice of technical hospital experts would be furnished by the larger to the smaller hospitals.

5. The larger hospitals would train personnel to staff smaller hospitals.

6. There could be certain economies effected by pooled purchasing by groups of hospitals.

Are these real advantages? The technical fields of hospital administration are without the scope of the medical man. I shall not comment upon them, except to remark that the interchange indicated exists in some degree now and can be developed to any desirable extent without formal organization.

With reference to "decentralization" of medical care and the extension of the benefits of modern medicine to the "remotest hamlet," I would raise the question whether the reverse might not be accomplished. Would there not be a tendency toward centralization? Certainly there is central planning and there would be central direction. To make a plan such as this work would require central authority. It is apparently planned to have certain patients and patients with certain diseases cared for in certain institutions. This would necessitate promulgation of rules and regulations. The outlined plan for consultants and advisors would tend to set and enforce the pattern of conduct of smaller institutions.

Is this not an unwarranted interference with the freedom of the patient, the physician and the hospital? It suggests an effort at regimentation. It also suggests the entrance of public health departments into the practice of medicine even in the most remote rural areas.

It is claimed that the smaller hospital could look toward the larger one "for consultation service" and when necessary refer patients to it. The term "consultation service" obviously refers to medical consultation.

I would like to inquire how a hospital may know when a consultation is desirable or necessary and how a hospital may furnish a consultation. I have a firm conviction, which I believe is shared by practically all physicians, that the care of the patient, the decision as to need for consultation, the choice of the consultant and the furnishing of consultation constitute the practice of medicine and are solely and completely the function of the physician, with the consent of the patient.

By the same token, how can a hospital refer patients to another hospital? In the sense of medical care, a hospital has no patients. Persons confined to a hospital because of illness or injury are the patients of the physicians rendering care to them. It would be presumptious for an institution lacking all the qualifications for the practice of medicine to consider that it has any function in this regard. In only an occasional instance, and then only by the staff rather than the hospital, should a demand be made upon a physician to obtain consultation.

The same is true of the designed "flow of personnel" and services except as these refer to the functions peculiar to the hospital as distinct from medical fields. The hospital is likewise exceeding its prerogative if it presumes to direct the flow of patients and specimens from one institution to another. Who is responsible for the care of the patient and the examination of specimens? It is not the duty or privilege of the hospital to do these things. These are acts which can be performed only by the doctor of medicine.

It is probable that words have been loosely used in explaining this program and the intent is not that expressed. Words, however, have certain meaning. The whole field of semantics has developed about this fact. When expressions implying interference with the practice of medicine are employed it is not unnatural that the medical profession would question the intention and effect of the program.

When the foregoing statements are coupled with the fact that certain institutions engage in the practice of medicine and some hospital administrators have openly proposed that physicians be employed by hospitals to practice their profession on a salary basis, the element of suspicion in the minds of doctors is increased many fold. Let us have a frank and accurate statement of the intentions of the hospitals and program of regional organization. Unless this is done and the statement is satisfactory, not only will there be a lack of cooperation but there will be strong opposition on the part of the medical profession.

I have reviewed the plans for regional organization of hospitals for California and Michigan. Both resemble tables of operations of military organizations. To place them in full operation would require corresponding military discipline. This is found in civilian life only in the authoritarian state. Certainly none of us wishes that. It could be directly accom-

plished only by changes in the basic law of the country which would make the hospitals and the physicians subject to direction by governmental authority.

There are more insidious, indirect methods which could be employed to accomplish similar ends. The dispensation of government funds is the usual means of forcing people or organizations into the acceptance of dictation. Funds could be, and in fact are, made available only to institutions conforming to certain rules laid down by those who dispense the funds. Reasonable conformity to standards of construction and operation cannot be objected to but it could be a short step from this requirement to acquiesence in control and operation.

There is also the possibility that some units of government might build hospitals to be operated in competition with existing facilities. You may believe this remote. I hope it is, but I would call your attention to the rapid increase in veterans' hospitals, public ownership of certain hospitals not designed for mental or communicable diseases, the perversion of some of our county hospitals and the determined assault upon the means test. It is not beyond the realm of possibility, and should it occur it would sound the death knell of private hospitals and the freedom of medicine.

You, as hospital people, are in a much better position than I to know, but it is my impression that private hospitals are operated upon a more efficient and economical basis than are corresponding public institutions. In those with which I am acquainted it is true.

It is my opinion, which I believe is almost universal among physicians, that with the exception of care of indigents, persons with mental or communicable disease, and certain other classes of individuals, government has no place in the field of hospitalization.

A hazard is ever present in the use of government funds for hospital construction. As yet this has not involved control, but funds can be obtained only by compliance with rigid regulations which at times may be unreasonable. The old adage that "he who pays the piper calls the tune" is still true. The greater the utilization of tax funds from federal or other sources, the greater will be the measure of governmental control.

The bureaucrats with their expanding desire for power will not be content to sit idly by and watch uncontrolled grants-in-aid continue. They inevitably will strive to extend their control under the guise of beneficent regulations.

The politicians have not refrained from interference in hospitals for indigents and those for special classes of patients. Consider the great temptation to control the affairs of institutions designed for paying patients.

Let us now return to the planning of regional organization. The community health and medical center is supposed to be flexible in size and form. In smaller areas it is contemplated to staff it at intervals with visiting teams. It is a place in which "preventive" services are to be found along with medical care for illness. Where does one draw the line between the two? How are these services to be provided? Could this arrangement not become an opening wedge for the extension of the activities of public health departments into the practice of medicine? We are in need of a clear delineation of the proper functions of public health departments, a limit beyond which they should not and cannot go in the field of medical care.

The larger center is designed for the care of emergencies, ordinary illness, and "normal obstetrics." Is this a practical arrangement? How grave is an emergency and what preparation is necessary for its care? Is the prospective mother whose labor is interrupted or whose placenta separates prematurely to be submitted to cesarean section at the center, or to be transported a considerable distance while in a serious condition? Who is to make these decisions—the administration, some higher authority, or the physician? Would it not be wiser to plan for obstetrical care in a better-equipped facility?

The rights, powers, and duties of the board of controlling authority and the administrator of the hospital are described in some detail. Nowhere do I find the practice of medicine defined. The physician is charged with duties but enumeration of his rights and powers is omitted. Is this omission the result of intent or oversight? If the latter, does it indicate a philosophy of relegating the physician to a secondary status?

It is stated, "Ideally, it would appear that the hospital is the logical place to refer patients for all types of diagnostic procedure." I reiterate that diagnosis of disease constitutes the practice of medicine, an activity denied the hospital by law. Even if this were not true, one would be impelled to ask what basis is there for the belief that the hospital could provide a more accurate diagnosis than the practitioner of medicine and is it the intent of the hospital to displace the private physician?

"A well organized outpatient department should be an integral part of the hospital and the health service of the community" is another statement requiring scrutiny. There is no mention of a means test. The logical conclusion would be that it is recommended that the hospital foster an outpatient department to compete with the physician. This is again the practice of medicine.

Associated diagnostic clinics are advocated: "Employing the principle of group practice, they avoid duplication of equipment, save time of the attending physician, are more convenient for patients and permit more effective medical care." By and large, group practice does these things to an insignificant extent if at all. "Effective medical care" depends upon the abilities of the individual physician whether in a group or alone. I have no criticism of group practice for those who wish it. Certain physicians find it desirable for reasons which pertain to their own welfare. Others do not. It is presumption for a hospital, a state agency or other organization to tell physicians how their practices should be conducted. It is dis-

tinctly not in their province and to attempt to set up diagnostic clinics in the hospitals is again the invasion of the field of medicine unless these facilities are designed for indigents.

In the minds of the medical profession the hospital exists for the purpose of extending the scope of medical care. In fulfilling that purpose it is an independent allied service and is not and cannot be the dominating and directing force in medical care. After all, the physician sees many patients in his office or in the home for every patient he sees in the hospital.

An apparent attempt to limit the freedom of the physician is found in this statement: "The rules and regulations adopted by staffs *and governing boards* of small hospitals should be based upon facilities and indicate the limitation of medical practice within the institution." Any limitation of medical practice must be purely a staff function. One may ask what do boards of laymen know about the problem and by what right do they propose to adopt rules governing medical procedures. This idea shows a fundamental lack of understanding of medical care.

It disregards entirely the capabilities of individual staff members. I have taught medical students, interns and residents for years and have followed the careers of many as they have established practices in different communities. I know something of their abilities. I also participate in the examination of candidates for the American Board of Surgery, and in this way come in contact with men of ability who have had excellent training and who are practicing in various communities throughout the West. For some years I have served as a member of the Applicants Committee and the Credentials Committee of the American College of Surgeons for Northern California.

As a result I have examined the records of operations of men from all parts of this area. There are well trained and competent surgeons in communities too small for more than a rural hospital who are performing creditably and successfully practically all the procedures of general surgery. In some instances they possess abilities at least as great as their colleagues in nearby cities of greater size. Who is to gainsay men of this type? Certainly not a board of laymen.

Let us now consider the feasibility of this program. Without methods of force, it can be effective only to the degree the patient, the hospital and the physician wish to make it so.

The physician must determine which patient should be referred to another physician. He must also decide where and to whom the patient should be sent. The patient must make the decision as to whether he wishes his care to be rendered at home and by a local physician or elsewhere and by someone else. The freedom of the patient and the physician cannot be abridged. Neither will permit it.

The average physician is more concerned about the welfare of his patient than any other item. He knows his own limitations and the limitations of the facilities available to him. If he does not recognize these he can be dealt with on a local level but not by a statewide plan imposed from without.

Hospital cooperation is not within my scope but I doubt if many of you would be willing to bind your institutions to a plan which would circumscribe their functions and development. Certainly no one would suggest that a first-class hospital in a small community should be reduced in size or scope to meet a prearranged population pattern.

In such a program local civic pride will be encountered. Rivalry between neighboring communities is often intense. Population limitation on size, character and scope of hospitals will not generally be accepted by the citizens. This has already been demonstrated in California. Perhaps unwisely from an economic point of view some localities desire more extensive facilities than the State Department of Health believes justified.

Population growth varies and population shifts occur. Who can be sufficiently certain of the future to say with assurance that some of these communities may not be more wisely planning for their future needs than those who would prescribe arbitrary standards for them?

The medical profession is opposed to extending the regulation of the lives of individuals and their activities. The whole plan of regional organization is reminiscent of the promulgations of other planners of the recent past. The desire to decide what is good for others goes hand in hand with progressive limitation of individual freedom and progressive increase in the power of the State.

The idea impresses me as a bit grandiose in its ambition. There is no way of achieving Utopia in one easy lesson.

The value of an idea, if it has value, becomes more apparent upon free and general discussion. The medical profession, I am sure, has no objection to and would favor presentation of such a program to the people, the profession and the hospitals. It likewise would not object to the educational effort to convince these groups of the desirability of parts of the plan. But the presentation must be fair and frank and the right of the medical profession to decide all aspects of the plan dealing with medical care must be respected.

The medical profession recognizes the need for reasonable regulations, licensure and inspection of hospitals, but it would resist perversion of this function of government to bring about an integrated plan of regional organization of hospitals.

It likewise will object to and oppose direct governmental action by legislation and indirect efforts to accomplish this end by selective use of tax funds.

Evolution of ideas is superior to revolution. Compulsion is anathema to the American people and the medical profession. The main objectives of regional organization may be brought about in time if their wisdom and desirability can be demonstrated, but this can be accomplished only on a voluntary basis.

Let us proceed in this manner with due regard for all the elements of medical care involved and on a basis of mutual respect and cooperation. Only in this way can we hope to achieve constructive results of importance and permanence.

490 Post Street.